

CLAIMS ONLY								Application Number <div style="font-size: 1.5em; font-family: cursive;">10/731232</div>		Filing Date		
								Applicant(s)				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
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Total Indep	2											
Total Depend	12											
Total Claims	14											